

# Missouri Division of Medical Services

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## Pharmacy Bulletin

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### PROVIDER RESPONSIBILITY TO COLLECT SHARED PHARMACY DISPENSING FEE, COPAY OR COINSURANCE

This is a reminder that providers *must* charge and collect the shared pharmacy dispensing fee amount for both fee-for-service recipients and individuals enrolled in an MC+ managed care health plan. This requirement is specified in Missouri State Regulation 13 CSR 70-4.051. Providers may not deny or reduce services to persons otherwise eligible for benefits solely on the basis of the recipient's inability to pay the fee when charged. A recipient's inability to pay the required amount due at the time the service is delivered shall in no way extinguish the recipient's liability to pay the amount later, as a legal debt. (See [attachment 1](#))

Please note the following exceptions\* to collection of the shared pharmacy dispensing fee:

- Recipients under age 18;
- Institutionalized recipients who are residing in a skilled nursing facility, a psychiatric hospital, a residential care facility or an adult boarding home;
- Foster care children up to age 21;
- All Medicare/Medicaid crossover claims as primary coverage is afforded by the

Medicare Program;

- Drugs specifically identified as relating to family planning services;
- Emergency services; and
- Services for pregnant women which are directly related to the pregnancy or a complication of the pregnancy.

*\*Exceptions to collection of the shared dispensing fee **do not** apply to ME code "76" regardless of the reason for the drug or any other exceptions that apply for Medicaid recipients.*

### RECIPIENT COPAY AND COST -SHARING RESPONSIBILITIES

For description of recipient copay and cost-sharing responsibilities refer to Section 13.11 of the Missouri Medicaid Pharmacy Manual.

### ENHANCED DISPENSING FEE FOR MISSOURI PHARMACIES

Effective July 1, 2002, Missouri Medicaid fee-for-service pharmacies will be given an enhanced dispensing fee of \$3.95, for a total dispensing fee of \$8.04. The need for this enhanced fee was demonstrated through review of the "cost to dispense" information, as well as additional program management and forthcoming disease management tasks required of pharmacy providers.

## **PHARMACY PROVIDER TAX**

The Missouri General Assembly recently passed legislation establishing a tax on licensed retail pharmacies in Missouri for the privilege of providing outpatient prescription drugs. The tax will be based on the information obtained in an affidavit sent to pharmacies in June 2002, including monthly gross retail prescription pharmacy receipts.

The Department of Social Services will notify each pharmacy of the amount of tax due. The first payment will be due August 20, 2002. This tax may be withheld from each pharmacy's Medicaid check through an offset, or the pharmacy may send a check or money order to the Department of Revenue; Attn: Pharmacy Tax; P.O. Box 6500; Jefferson City, MO 65102-6500.

If the pharmacy chooses the offset method, the tax will be withheld from the Medicaid check. The offset will appear on the Remittance Advice under "Pharmacy Reimbursement Allowance." If the tax is not offset, it will be due on the 20<sup>th</sup> of each month.

## **CLARIFICATION OF CLAIM INTEGRITY FOR PHARMACY PROVIDERS**

It is the responsibility of each provider to ensure the accuracy

of all data on claims submitted to Medicaid, regardless of the submission media utilized. As provided in 13 CSR 70.3.030, sanctions may be imposed by the Medicaid agency against a provider for failure to take reasonable measures to review claims for accuracy. Payment errors on claims caused or committed by the provider or their employees are subject to adjustment when the neglect allows material errors in billing to occur. Payment errors include but are not limited to duplication, incorrect ingredient indicators, quantities, and usual and customary charges. This also includes but is not limited to failure to review remittance advices provided for claims resulting in payments which do not correspond to the actual services rendered. Please note that the Provider Communications Unit cannot reverse claims billed in error. Such claims must be adjusted by the provider.

## **CLARIFICATION OF HELP DESK FUNCTION FOR OVERRIDING HARD EDITS**

As providers have been previously notified, the Missouri Medicaid Pharmacy Program has implemented a pharmacy help desk for overrides of early refill and dose optimization edits. These overrides are part of the enhancements to the Missouri Medicaid fee-for-service Pharmacy Program and are

not included as part of the prior authorization process. The help desk is available at 800-392-8030, option #3, seven days a week, 8:00 a.m. to midnight for these purposes.

Pharmacy providers are now required to obtain authorization from the help desk in order to receive reimbursement for a claim denying for the early refill edit. Justification for utilization outside expected patterns, such as FDA approved labeling, will be required for approval of claims failing the dose optimization edit. Pharmacy claims submitted are subject to edits to identify services that fall outside expected patterns of use for certain products. A listing of the drug products initially subject to the edit as well as patterns that will be allowed without requiring an override is attached to this bulletin. (See [attachment 2](#))

For policy questions concerning the pharmacy program, contact the Pharmacy Administration Unit at e-mail your questions to [pharmacy@mail.medicaid.state.mo.us](mailto:pharmacy@mail.medicaid.state.mo.us) or call 573-751-6963.

**COVERAGE CHANGES  
FOR OVER-THE-  
COUNTER DRUGS**

As directed by Missouri's General Assembly, effective July 1, 2002, the Pharmacy Program will no longer pay for over-the-counter drugs (OTC) with the exceptions of insulin and insulin syringes. Pharmacy providers filing claims for OTCs will receive a response from the POS system indicating the "NDC number is not covered."

The Exception Process may be utilized by physician and authorized prescribers (Advance Practice Nurses) as a vehicle for patient specific **written** exceptions based on medical necessity. These requests will be forwarded to the Pharmacy Administration Unit for review and response. Review procedures will follow those utilized by the Exception Process Section, including the designated review period of up to 15 working days. These requests **will not** be accepted by phone.

**ONCE -A-MONTH  
BILLING FOR  
MAINTENANCE DRUGS-  
FURTHER POLICY  
CLARIFICATION**

In Pharmacy Bulletin Volume 24, No.4, March 11, 2002 the 1988 policy was reiterated regarding one dispensing fee per drug entity per month unless a dosage change had

been made. It was specifically stated, "Regardless of the dispensing system utilized, long term care maintenance medication may be billed no more frequently than one time per month." The pharmacy program has received questions from pharmacy providers on application of this policy with respect to weekend passes, leaves of absence or utilization of reserve days. The pharmacy program **will not** make exceptions for any of these issues. The 1988 policy will continue to be in place with no exceptions beyond those required to implement a change in dosage.

**Provider Communications**  
(800) 392-0938  
or  
(573) 751-2896

**ATTACHMENT 1**

**Shared Pharmacy Dispensing Fees**

<b>Ingredient Cost for Each Prescription</b>	<b>Member Fee Amount</b>
0 - \$10.00	\$0.50
\$10.01 - \$25.00	\$1.00
\$25.01 - higher	\$2.00

**MISSOURI MEDICAID DOSE OPTIMIZATION EDIT**

<b><u>Drug Product</u></b>	<b><u>Generic Name</u></b>	<b><u>Strength</u></b>	<b><u>Dose Optimization Calculation</u></b>
Ambien	zolpidem tartrate	5mg	Deny dosing more frequently than 1/d
Ambien	zolpidem tartrate	10mg	Deny dosing more frequently than 1/d
Cardizem SR	diltiazem	60mg SR	Deny dosing more frequently than 2/d
Cardizem SR	diltiazem	90mg SR	Deny dosing more frequently than 2/d
Cardizem SR	diltiazem	120mg SR	Deny dosing more frequently than 2/d
Cardizem CD	diltiazem	120mg CD	Deny dosing more frequently than 1/d
Cardizem CD	diltiazem	180mg CD	Deny dosing more frequently than 1/d
Cardizem CD	diltiazem	240mg CD	Deny dosing more frequently than 1/d
Cardizem CD	diltiazem	300mg CD	Deny dosing more frequently than 1/d
Cardizem CD	diltiazem	360mg CD	Deny dosing more frequently than 1/d
Celexa	citalopram HBr	10mg	Deny dosing more frequently than 1/d
Celexa	citalopram HBr	20mg	Deny dosing more frequently than 1/d
Celexa	citalopram Hbr	40mg	Deny dosing more frequently than 1/d
Claritin	loratadine	10mg	Deny dosing more frequently than 1/d
Lipitor	atorvastatin	10mg	Deny dosing more frequently than 1/d
Lipitor	atorvastatin	20mg	Deny dosing more frequently than 1/d
Lipitor	atorvastatin	40mg	Deny dosing more frequently than 1/d
Lipitor	atorvastatin	80mg	Deny dosing more frequently than 1/d
Oxycontin	oxycodone	10mg	Deny dosing more frequently than 8/d
Oxycontin	oxycodone	20mg	Deny dosing more frequently than 8/d
Oxycontin	oxycodone	40mg	Deny dosing more frequently than 8/d
Oxycontin	oxycodone	80mg	Deny dosing more frequently than 16/d
Remeron	mirtazapine	15mg	Deny dosing more frequently than 1/d
Remeron	mirtazapine	30mg	Deny dosing more frequently than 1/d
Remeron	mirtazapine	45mg	Deny dosing more frequently than 1/d
Singulair	montelukast	10mg	Deny dosing more frequently than 1/d
Vioxx	rofecoxib	12.5mg	Deny dosing more frequently than 1/d
Vioxx	rofecoxib	25mg	Deny dosing more frequently than 1/d
Vioxx	rofecoxib	50mg	Deny dosing more frequently than 1/d
Zocor	simvastatin	5mg	Deny dosing more frequently than 1/d
Zocor	simvastatin	10mg	Deny dosing more frequently than 1/d
Zocor	simvastatin	20mg	Deny dosing more frequently than 1/d
Zocor	simvastatin	40mg	Deny dosing more frequently than 1/d
Zocor	simvastatin	80mg	Deny dosing more frequently than 1/d
Zyrtec	cetirizine HCl	5mg	Deny dosing more frequently than 1/d
Zyrtec	cetirizine HCl	10mg	Deny dosing more frequently than 1/d